

## LIT Connections

April 30, 2021

10:00-11:00



*I define connection as the energy that exists between people when they feel seen, heard, and valued; when they can give and receive without judgement; and when they derive sustenance and strength from the relationship.*

*~ Brene Brown*

**Present:** Cheryle Wilcox, Diane Bugbee, Suzanne Legare Belcher, Alice Maynard, Adam Sancic, Jennifer Smith, Cara Caparelli, Matt Shibley, Krista Barbagallo, Alicia Hanrahan, Kristin Prior, Jane Helmstetter, Sandi Yandow, Lorraine Sylvain, Donna Sherlaw, Amy Lincoln Moore, Vickie Crocker

**The 5<sup>th</sup> LIT Connections meeting was held today. Thank you for joining us.**

### Topics Discussed

**1. As we slowly begin to emerge from the pandemic, what are you most excited about?**

- a. Get back to full in person with clients as soon as possible, as safely as possible.
- b. Back to face-to-face meetings.
- c. See people face to face again.
- d. Excited to get out of the box like everybody.
- e. Seeing proactive CSP meetings.

**2. What do you worry about?**

- a. A lot of folks because of isolation and eyes on we might see issues with folks we haven't had day to day contact like we've been used to. Concerned we will see an uptick in service needs.
- b. Wondering how judiciously we will use telemedicine going forward-eg. School services and if staff will zoom into a school meeting. Want to think about how to do that the best way possible.
- c. Inequities and injustices in our system that have been more uncovered during the pandemic, how do we work together to address these and utilizing some of the systems we found helpful to some people. Flexibility of providing services where people are.
- d. Trends we are seeing right now-we are dealing with a lot of people who only have private insurance. This is presenting some huge barriers. Chittenden highlighted this. Rutland has had some families with private insurance, and they often have to do education about residential vs. hospitalization.

- e. Seeing people who have had no community services and then wanting to send their child to residential. Worried about all of us coming out of this that we may ignore the coming out of it phase and that we need to recognize we are in a recovery phase.
- f. Seeing a lot of CSPs based on truancy. Some of these are very proactive to address issues before it gets to DCF.
- g. Seeing children in EDs for long periods which is worrisome.
- h. Not having enough staff for the need.
- i. Shared that Tuesday,
- j. Workforce challenges: DMH is convening a group to address this and create a concrete plan as to what we should do to address this. If you would like to hear more or be a part of this, please reach out to Cheryle Wilcox.

### 3. General Discussion

- a. Need more messaging in the next year about resilience and how we build that in communities.
- b. ED focus and what we are doing:
  - i. Recent media article on the issue:
    - 1. <https://vtdigger.org/2021/04/29/state-to-propose-solutions-for-kids-stuck-in-emergency-rooms-waiting-for-mental-health-care/>
  - ii. Shared that there was a meeting DMH convened yesterday to hear from the mental health agencies about trends, issues, struggles, that has resulted in children waiting in EDs. Themes included:
    - 1. Solutions: supporting PUCK, mobile response, alternative spaces for families and children rather than going to ED, need more upstream services,
    - 2. Needs: Workforce challenges, more need than staff available, more intensive outpatient programming, funds to renovate spaces
  - iii. Testimony next week in House Health Care about this issue. You can watch is live or taped on youtube at: <https://legislature.vermont.gov/committee/detail/2022/15>
  - iv. Increase peer supports for families.
  - v. Reminded everyone about the brochure SIT created with family input for when a family ends up in the ED. If you need more, please reach out to Cheryle and Diane. They can be mailed.
- c. Success Beyond Six—some regions don't have as strong as a relationship with DAs and are contracting on their own for supports rather than MH clinicians. This also means there isn't as strong of a connection with the larger mental health system.
- d. Schools are creating a recovery plan-each plan has to have a MH component to it. Those plans are starting to be sent in to AOE now. There has been discussion about AOE supporting Youth Mental Health First Aid training and offering that this fall.
- e. There has been a General Assistance group made up of AHS staff and community partners presented a plan to decrease use of hotel rooms.
  - i. Families who can have access to hotel rooms has expanded to all parents with children up to 19 if they are still in school.
  - ii. Timeline expanded to 84 days. There is also the ability to apply for longer.
  - iii. The biggest is that we have vouchers and support for people moving out, but we don't have the housing that is needed.
  - iv. Today there are 410 children in hotels.